Complete and	send this	form,	together	1
--------------	-----------	-------	----------	---

applicable fee(s), to: <u>Mail</u>

Mail Stop ISS FEE
Commissioner Patents
P.O. Box 1450
Alexandria, Virginia 22313-1450



(703) 746-4000 or Fax

appropriate. All further corindicated unless corrected be maintenance fee notification	elow of directed otherwise	smitting the ISSU Patent, advance or in Block 1, by (a	ders and notification of the specifying a n	BLICATION FEE (if req ation of maintenance fees ew correspondence addres	uired). Blocks 1 through 5 s will be mailed to the current s; and/or (b) indicating a sep	should be completed where correspondence address as arate "FEE ADDRESS" for		
CURRENT CORRESPONDENCE ADDRESS (Note: Use Block 1 for any change of address)  02292 7590 06/30/2005			Note: A certificate of mailing can only be used for domestic mailings of the Fee(s) Transmittal. This certificate cannot be used for any other accompanying papers. Each additional paper, such as an assignment or formal drawing, must have its own certificate of mailing or transmission.					
BIRCH STEWART KOLASCH & BIRCH , LLP PO BOX 747 FALLS CHURCH, VA 22040-0747 09/28/2005 MBEYENEZ 00000026 10840218				Certificate of Mailing or Transmission  I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or being facsimile transmitted to the USPTO (703) 746-4000, on the date indicated below.				
01 FC:2501 700.cg gpSEP 2 6 2005 y				<del></del>	(Depositor's name)			
02 FC:8001	12.00 OP	Å	Ĕ)			(Signature)		
		O COADA	,			(Date)		
APPLICATION NO.	FILING DATE	CITACIE	FIRST NAMED INVENTOR		ATTORNEY DOCKET NO.	CONFIRMATION NO.		
10/840,218	05/07/2004		Chin-Wen		2450-0699PUS1	9686		
TITLE OF INVENTION: CU								
APPLN. TYPE	SMALL ENTITY	ISSUE FI		PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE		
nonprovisional	YES	\$700		<del>\$300</del>	# M	09/30/2005		
EXAM	INER	ART UN	IT	CLASS-SUBCLASS	] # 100			
A, MI	NH D	2821		315-2090PZ				
1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).  Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.  The Fee Address indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.  2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.								
3. ASSIGNEE NAME AND	RESIDENCE DATA TO B	E PRINTED ON T	HE PATENT (p	rint or type)	<u></u>			
PLEASE NOTE: Unless recordation as set forth in	an assignee is identified be 37 CFR 3.11. Completion of	low, no assignee of this form is NO	data will appear Γa substitute for	on the patent. If an assig filing an assignment.	nee is identified below, the o	document has been filed for		
(A) NAME OF ASSIGNE	Œ	(B	) RESIDENCE:	(CITY and STATE OR CO	UNTRY)			
ZIPPY TECHNOLOGY CORP. Taipei Hsien, Taiwan, R.O.C.								
Please check the appropriate	assignee category or categor	ries (will not be pri	inted on the pater	nt): 🗖 Individual 🗖 (	Corporation or other private gr	oup entity Government		
4a. The following fee(s) are e			. Payment of Fee		1 0	1 7		
Issue Fee A check in the amount of the fee(s) is enclosed.								
Publication Fee (No small entity discount permitted)  Advance Order - # of Copies 4  The Director is hereby authorized by charge the required fee(s), or credit any overpayment, Deposit Account Number 02-2448 (enclose an extra copy of this form).								
Advance Order - # of	Copies	<del></del>	The Director Deposit Accoun	r is hereby authorized by a t Number <u>02-2448</u>	charge the required fee(s), or (enclose an extra control of the co	credit any overpayment, to copy of this form).		
	from status indicated above	)	_		(11 meeebbal			
	IALL ENTITY status. See 3				LL ENTITY status. See 37 C			
NOTE: The Issue Fee and Pul nterest as shown by the recor	s requested to apply the Issu blication Fee (if required) w ds of the United States Pate	e Fee and Publicat ill not be accepted and Trademark	ion Fee (if any) ( from anyone oth Office.	or to re-apply any previous ner than the applicant; a reg	ly paid issue fee to the applications attorney or agent; or the	ation identified above. he assignee or other party in		
Authorized Signature	Tax Mc farmey	Mency		Date	September 26,	2005		
Typed or printed name	Voe McKinney				1 No. 32,334			
This collection of information	is required by 37 CFR 1.31	1. The information	n is required to o	btain or retain a benefit by	the public which is to file (an	d by the USPTO to process)		

an application. Confidentially is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will wary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, Virginia 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, Virginia 22313-1450.

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.